



**University  
Hospitals Sussex**  
NHS Foundation Trust

# Burns advice

Accident and emergency

Patient information

## What is this information about?

You have been assessed in the Emergency Department and sent home with this advice on how to care for your burn. Burns are classified by how deep they go and how much of the skin is affected. This helps us decide the best treatment.

## Types of burns

- **Superficial burns.** These affect just the surface of the skin, causing redness and pain.
- **Partial thickness burns.** These are deeper than the superficial burns. They can cause the skin to become blotchy, red or pale pink. These burns may be painful and develop blisters.
- **Full thickness burns.** Full thickness burns damage all layers of the skin, resulting in a brown or white leathery appearance. They usually need treatment at a specialist burns unit.

## Treatment

### Blisters

- Blisters are collections of fluid which cover the skin that has died because of the burn. Blisters develop soon after the injury but can take some time to fully form.
- Small blisters (smaller than your little fingernail) can be left alone.
- Larger blisters may need treatment. A nurse or doctor may remove the top layer in a process called derroofing. This helps us check the depth of the burn and help healing.

### Photographs

- We may take photos of your burn at your first visit to help us monitor healing over time.

### Dressings

- Most burns need to be covered with a special dressing.

- Keep your dressing clean and dry. This helps prevent infection.
- Do not remove the dressing unless advised.
- The nurse will show you how to wash or bathe safely.

Usually, this means:

- Keeping the area dry using a plastic bag
- Keeping the burned area out of water as much as possible.

## Pain relief

Burns can be very painful, especially in the first few days.

Take regular painkillers as advised by your doctor.

### When to seek help

**Return to the Emergency Department or contact your GP sooner than planned if:**

- The dressing becomes wet, loose, or falls off
- Fluid is leaking through the dressing
- You feel worse, especially if you have a fever or feel unwell
- The area becomes more painful after it was improving
- You notice increasing redness or warmth spreading from the burn.

## Long-term care

- Once your burn has healed the skin may become dry or itchy. Moisturise the area regularly with a non-perfumed, water-based moisturiser, such as aqueous cream.
- A scar (patch of tissue) will remain once the wound has healed. Moisturising can help reduce permanent marks
- The healed skin may be very sensitive to sunlight for up to 2 years
  - Avoid direct sun exposure
  - Use a high-factor sunblock (SPF 50+), even if it is not warm.

# General first aid for burns

Burns can happen from hot surfaces, liquids, chemicals, or electricity. Quick action helps reduce damage.

## If someone is burned:

### Do

- ✓ Cool the burn under cool running water for at least 20 minutes
- ✓ Cover the burn loosely with cling film (do not wrap tightly)
- ✓ Remove jewellery near the burn site but only if it can be done without causing any damage to the burn.

### Do not

- ✗ Remove clothing if it is stuck to the skin. Leave this for medical staff to remove.
- ✗ Never place a child in a bath full of cold water. This can cause them to go into shock and other complications.
- ✗ Use any ointment or cream on the burn. And never use butter, oil, spray or any other household cream.
- ✗ Burst or pop any blisters on a burn. This can lead to an infection.

## Further support

For general medical advice please use the NHS website, the NHS 111 service, walk-in-centres, or your GP.

The NHS website provides online health information and guidance.

There are walk-in and urgent treatment services at Brighton Station, Crawley Urgent Treatment Centre, Lewes Victoria Hospital, Horsham Minor Injuries Unit and Bognor Regis War Memorial Hospital.

This information is intended for patients receiving care in Brighton & Hove or Haywards Heath.

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